## HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

|   |                       | - vigera   |  |  |
|---|-----------------------|--|--|--|
| NAME (Last, First, Middle)  |                       | STATE POSITION HELD: (Dept/Div or Board/Commission)  |  |  |
| Corinne W. L. Ching   |                       | House of Representatives   |  |  |
|   |                       | TERM OF OFFICE (Begin/End): 1/07 12/08   |  |  |
| Check either number 1 o   | r 2. If you check num | ber 2, provide the relevant information.   |  |  |
| 1. I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING.  |                       |  |  |  |
|   |                       |  |  |  |
| 2. I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING. For each addition, deletion, or other change of a financial interest: (1) Indicate who holds the interest, by circling one of the following: "Filer," if you hold the interest; "Spouse," if your spouse holds the interest; "Dependent Child," if your dependent child holds the interest; or "Jointly," if you and your spouse jointly hold the interest; (2) Circle "Addition," to indicate the addition of an interest; "Deletion," to indicate the deletion of an interest; or "Change," to indicate any other change of an interest; (3) Describe the interest by following the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions." Also, provide the appropriate item number for the interest you are describing. |                       |  |  |  |
| Circle One: Circle One:   | ITEM#(Fo              | pilow the "ITEM BY ITEM INSTRUCTIONS"  |  |  |
| Filer Addition  | i in                  | the "Short Form Disclosure Instructions.")   |  |  |
| Spouse Deletion   | n                     |  |  |  |
| Dependent Child Change  |                       |  |  |  |
| Jointly   |                       |  |  |  |
| Circle One: Circle One:   | ITEM#(Fo              | llow the "ITEM BY ITEM INSTRUCTIONS"   |  |  |
| Filer Addition  | 1 10                  | the "Short Form Disclosure Instructions.")   |  |  |
| Spouse Deletion   | <b>1</b>              |  |  |  |
| Dependent Child Change  |                       |  |  |  |
| Jointly   |                       |  |  |  |
| <u>Circle One</u> : <u>Circle One</u> :   | ITEM#(Fo              | llow the "ITEM BY ITEM INSTRUCTIONS"   |  |  |
| FilerAddition   | in                    | the "Short Form Disclosure Instructions.")   |  |  |
| Spouse Deletion   |                       | *07  |  |  |
| Dependent Child Change  |                       | And the second s |  |  |
| Jointly   |                       | ALE OF THE OF  |  |  |
| Circle One: Circle One:   | ITEM#(Fol             | low the "ITEM BY ITEM INSTRUCTIONS"  |  |  |
| Filer Addition  | int                   | the "Short Form Disclosure Instructions")  |  |  |
| Spouse Deletion   |                       | 35 35 35 35 35 35 35 35 35 35 35 35 35 3   |  |  |
| Dependent Child Change  |                       |  |  |  |
| Jointly   |                       |  |  |  |

| Circle One   | Ta: 1 a                     | <u> </u>            |   |  |
|--|-----------------------------|---------------------|---|--|
| Circle One:  | Circle One: Addition        | ITEM#               | (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") |  |
| Spouse   | Deletion                    |                     | ,   |  |
| Dependent Child  | Change                      |                     |   |  |
| Jointly  | onange                      |                     |   |  |
| Circle One:  | Circle One:                 | ITEM#               | (Follow the *ITEM DV ITEM INCTITUTIONS  |  |
| Filer  | Addition                    |                     | (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.") |  |
| Spouse   | Deletion                    |                     |   |  |
| Dependent Child  | Change                      |                     |   |  |
| Jointly  |                             |                     |   |  |
| Circle One:  | Circle One:                 | ITEM#               | (Follow the "ITEM BY ITEM INSTRUCTIONS"   |  |
| Filer  | Addition                    |                     | in the "Short Form Disclosure Instructions.")   |  |
| Spouse   | Deletion                    |                     |   |  |
| Dependent Child  | Change                      |                     |   |  |
| Jointly  |                             |                     |   |  |
| Circle One:  | Circle One:                 | ITEM#_              | (Follow the "ITEM BY ITEM INSTRUCTIONS"   |  |
| Filer  | Addition                    |                     | in the "Short Form Disclosure Instructions.")   |  |
| Spouse   | Deletion                    |                     |   |  |
| Dependent Child  | Change                      |                     |   |  |
| Jointly  |                             |                     |   |  |
| Circle One:  | Circle One:                 | ITEM#               | (Follow the "ITEM BY ITEM INSTRUCTIONS"   |  |
| Filer  | Addition                    |                     | in the "Short Form Disclosure Instructions.")   |  |
| Spouse   | Deletion                    |                     |   |  |
| Dependent Child  | Change                      |                     | •   |  |
| Jointly  |                             |                     |   |  |
| Circle One:  | Circle One:                 | ITEM#               | (Follow the "ITEM BY ITEM INSTRUCTIONS"   |  |
| Filer  | Addition                    |                     | in the "Short Form Disclosure Instructions.")   |  |
| Spouse   | Deletion                    |                     |   |  |
| Dependent Child  | Change                      |                     |   |  |
| Jointly  |                             |                     |   |  |
| CERTIFICATION: I have reviewed my previous Disclosure of Financial Interests Statements filed with the Hawaii State Ethics Commission and all succeeding amendments. I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my prior reports were filed. If I have a spouse and/or dependent children, I also hereby of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there statutory/penalties for noncompliance.  SIGNATURE (Note: This filing is not valid without an original signature.)  DATE |                             |                     |   |  |
| SIGNATORE (NOTE: 1)  | is illing is not valid with | out an original sig | nature.) DATE   |  |